AUTHORIZATION FOR THE RELEASE OF INFORMATION

Leadership Academy ("Academy"), I, authorize a review and full disclosure of a and to any of the City of Maricopa's a records are of public, private, or confident give my consent for full and complete disc	rticipate in the City of Maricopa Public Safety Cit,, do he all records concerning myself to the City of Mariauthorized agents (collectively "City"), whether tial nature. The intent of this release authorization sclosure of any and all records concerning any crit is not limited to, criminal histories, driving records, or any other official document.	erebyicopa said is to mina
	ed by a background investigation, which is devel , upon this release authorization will be consider in in the Academy.	
ANY AND ALL CLAIMS AND CARELATED TO THIS RELEASE INCORRECT, INACCURATE OR IN	IFY AND HOLD HARMLESS THE CITY FOR AUSES OF ACTION ARISING OUT OF AUTHORIZATION OR BY REASON NOT THE INFORMATION FURNISHED OF SUCH INCORRECT, INACCURATE SACCIDENTAL OR INTENTIONAL.	OR OF OBY
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I further certify that a photocopy of this re- even though said photocopy does not conta	elease authorization will be valid as an original the rain an original writing of my signature.	ereof
	SE OF MY NAME AND FULL DISCLOSURI YSELF TO VERIFY MY ELIGIBILITY A	
SIGNATURE	DATE	